FOR INSTRUCTIONS, SEE BACK OF FORM	FORM			
DISCLOSURE SUMMARY PAGE	DR-2	DISCLOSURE		
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 05/2002)	REPORT		
Henry Witt	For Office Use O	niv		
IMPORTANT: Indicate type of committee you are reporting for:	Comm. #	Comm. # 17490		
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support Slate of Candidates	Audited	Audited Computer		
CANDIDATE COMMITTEES ONLY:				
Candidate Name Political Party				
Henry Witt				
Office Sought District (if Senate or House)	.//A/ 7			
Hamilton County Hospital Board	JAN 1 5 2003			
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE S	IGNED		
Routine Penalties Due For Late Filed Reports Range from	n \$20 to \$800			
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:				
I AM FILING A Tan 19, 2003 REPORT FOR AN/A (1) ELECTION	ON /(2)NON-FLECT	ION YEAR		
· · · · · · · · · · · · · · · · · · ·	te one			
CHECK IF AMENDMENT TO REPORT DATED Local	al Committees, enter D	ate of Election		
	ty & Local Committees, enter County in Election is held			
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	\$ <i>©</i>)		
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	••••			
Schedule F: Loans Received total (Attach Schedule F)				
Schedule H: Total Sales of Campaign Property (Attach Schedule H)				
(Schedule H applies to Candidates' Committees Only)				
SUB-TOTAL	\$			
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		·		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)				
Schedule F: Loan Repayments total (Attach Schedule F)				
CASH ON HAND at the end of this reporting period (if final report, balance must				
be zero) (Attach DR-3)	\$	<u> </u>		
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$			
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		3,09		
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$			
CANDIDATE COMMITTEES ONLY:	V.	e NO		
CONSULTANT BREAKDOWN (Schedule G Attached?)		s NO		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$			

				SCHEDULE		
FOR INSTRUCTIONS, SEE BACK OF FORM					IN KIND	
COMMITTEE NAME (Must be same as on Statement of Organization)					CONTRIBUTIONS	
Henry Witt						
3					CHECK THIS BOX IF AMENDING FORM	
•						
				L	<u>-</u>	
DATE		DELATION OF THE	DESCRIPTION	FOTHATES	/ IE 505	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
10-28-02		(ii applicable)	PAC Expenditu		CONTRIBUTION	
thru 1-11-03	Hamilton County Taxpayers Association PAC 2042 Chase Ave, Webster City IA		Independent "	1,053,29		
10-28-02	, J		Nower State		<u> </u>	
thru	Henry Witt	Self 7	Kagio yos	229.89	ı	
1-11-03					 	
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SUB-TOTAL				\$		
TOTAL (if last				1283.09		
and the				° 1283.92		
schedule)						

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)